

# HUNTINGTON MEDICAL FOUNDATION

FOR OFFICE USE ONLY

Dr# .....

MR# .....

## Dermatology Patient History

Name ..... Age..... Family history (illnesses running in your family, including skin cancer) .....

Today's Date..... Date of birth..... .....

Email address ..... .....

Who may we thank for referring you? .....

Current occupation ..... Current medications (over-the-counter and prescription) .....

Reason for visit today ..... .....

.....

Past medical conditions and surgeries?..... Drug and/or food allergies .....

.....

..... Do you smoke/use tobacco?.....Y N In the past? .....Y N

..... Do you have an artificial joint or heart valve? .....Y N

..... Are you pregnant or planning a pregnancy? ..... Y N

..... Are you nursing?..... Y N

### REVIEW OF SYSTEMS Do you have any of the symptoms of illnesses listed below? Please circle Yes or No.

#### 1 CONSTITUTIONAL

FEVER/CHILLS ..... Y N  
 FEELING POORLY ..... Y N  
 WEIGHT LOSS WITHOUT DIETING ..... Y N

#### 2 EYE PROBLEMS

VISUAL PROBLEMS ..... Y N  
 ITCHY EYELIDS ..... Y N  
 REDNESS OF EYES ..... Y N

#### 3 ENT

SORE THROAT ..... Y N  
 SINUS PROBLEMS ..... Y N  
 NOSEBLEEDS ..... Y N

#### 4 CARDIOVASCULAR

HIGH BLOOD PRESSURE ..... Y N  
 CHEST PAIN ..... Y N  
 DEFIBRILLATOR /PACEMAKER ..... Y N  
 IRREGULAR HEARTBEAT ..... Y N

#### 5 RESPIRATORY

ASTHMA ..... Y N  
 COUGH ..... Y N  
 SHORTNESS OF BREATH ..... Y N

#### 6 GASTROINTESTINAL

NAUSEA/VOMITING ..... Y N  
 HISTORY OF LIVER PROBLEMS..... Y N  
 ABDOMINAL PAIN ..... Y N

#### 7 GENITOURINARY

VAGINAL/PENILE DISCHARGE..... Y N  
 PAINFUL URINATION ..... Y N

#### 8 MUSCULOSKELETAL

JOINT PAIN ..... Y N  
 SWOLLEN JOINTS ..... Y N

#### 9 SKIN

NEW LESIONS ..... Y N  
 CHANGE IN MOLES..... Y N  
 ITCHY SKIN ..... Y N  
 HISTORY OF SKIN CANCER..... Y N  
 IF YES, WHAT TYPE .....

#### 10 NEUROLOGICAL

HEADACHE ..... Y N  
 SEIZURES ..... Y N  
 NUMBNESS ..... Y N  
 DIZZINESS ..... Y N

#### 11 PSYCHIATRIC

DEPRESSION ..... Y N  
 ANXIETY ..... Y N

#### 12 ENDOCRINE

DIABETES ..... Y N  
 THYROID DISORDER ..... Y N

#### 13 HEMATOLOGY/LYMPH

SWOLLEN GLANDS ..... Y N  
 TAKING BLOOD THINNERS ..... Y N  
 EASY BRUISING ..... Y N

#### 14 IMMUNOLOGIC

HIV/AIDS..... Y N  
 HEPATITIS..... Y N

#### HMF SPECIALTY CARE

Stefani Takahashi, M.D.  
 Goli Compoginis, M.D.  
 Elena Forster, PA-C  
 Krista Smith, PA-C

55 E. California Blvd., Ste. 204  
 Pasadena, CA 91105

626.397.8323 • Fax 626.792.3611

Reviewed by..... Date.....